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October 16, 2009

TO: Each Supervisor

FROM: Jonathan E. Fielding, M.D., M.P.H.
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SUBJECT: **HIGHEST STRATEGIC PRIORITIES TO IMPROVE NUTRITIONAL POLICY AND PROGRAMS**

This is in response to the August 18, 2009 Board motion directing the Department of Public Health (DPH) to work with the Chief Executive Officer to define the highest strategic priorities for the Board in order to improve nutritional policy and programs countywide.

DPH recommends nine strategic priorities for the County to establish or expand efforts and activities to promote nutrition. Six of these strategies are at the local level and three involve action at State and federal levels. These are:

Local Actions

1. Strengthen nutrition literacy
2. Improve neighborhood food environments
3. Prevent early onset childhood obesity
4. Promote breastfeeding and Baby-Friendly hospital practices
5. Increase the affordability of fresh fruit and vegetables among food stamp recipients
6. Improve the food environment in County facilities and programs

State and Federal Actions

7. Reduce the salt content of packaged food products and restaurant foods
8. Increase the affordability of fresh fruit and vegetables
9. Discourage consumption of sugar-sweetened beverages.

Background

Poor nutrition is a significant and growing contributor to illness and premature death in the county population. In particular, poor nutrition is an important risk factor for most of the leading causes of death in the county, including heart disease, stroke, cancer, and diabetes. In addition, excess caloric intake is the most significant factor driving the obesity epidemic among children and adults in the county. This epidemic threatens to shorten the lifespan of today's children relative to their parents, a reversal in life expectancy that is unprecedented in modern history.

Efforts to improve nutrition in the county should focus on: 1) reducing the number of calories consumed by children and adults; 2) reducing the dramatic increase in salt consumption that has occurred over the past generation, 3) reducing the amount of added sugar consumed in foods and beverages, 4) increasing the intake of fruit, vegetables, and whole grains, and 5) reducing consumption of fats, including elimination of artificial trans fats and reduced consumption of saturated and trans fats in favor of monounsaturated and polyunsaturated fats (e.g., vegetable oils).

Policy and programmatic strategies to improve nutrition must include public education and marketing efforts to increase knowledge and influence attitudes, beliefs, and social norms regarding healthful nutrition. In the health care setting, providers must promote the importance of healthful nutrition and should consider body mass index (BMI) as a "vital sign" to be measured with every physical exam. Schools should take an active role in educating children on nutrition, healthful eating, and food preparation. In the workplace, the Task Force for Community Preventive Services recently concluded that evidence-based health promotion programs focused on nutrition and physical activity can also be effective in reducing BMI and improving the health of employees.

However, to produce significant and sustained improvements in nutrition, research has shown that these education and promotion efforts must be accompanied by strategies that create more favorable food environments where "the healthy choice becomes the easy choice," in stark contrast to current conditions in which the unhealthy choice is the easy choice in most settings. These strategies should focus on increasing access to healthy foods and beverages in community, school, and work settings (and, alternatively, reducing access to less healthy options), increasing the affordability of healthy food and beverage options relative to less healthy options, and improving the quality of the food supply.

An expert panel of the Institute of Medicine issued a report in September 2009 that included key strategies and actions local governments can take to address the childhood obesity epidemic, including nine strategies to promote improved nutrition (see Attachment). Important action has been taken in Los Angeles County and across the State in several of these strategy areas, including measures to improve the nutritional content of foods and beverages on school campuses, mandated menu labeling in large chain restaurants, and a ban on artificial trans fats in restaurants.

DPH has taken steps within its programs to promote the availability and consumption of healthier foods within Los Angeles County. The DPH Nutrition Program is participating in a statewide media campaign and other public education efforts to increase fruit and vegetable consumption in low income communities. The Nutrition Program has also implemented a nutrition and physical activity-focused worksite wellness initiative for small and middle-sized businesses and has supported the County's efforts to increase healthy food and beverage offerings in worksite vending machines. The Maternal, Child, and Adolescent Health (MCAH) Programs have developed nutrition guidelines and a toolkit for childcare providers to promote improved early childhood nutrition. In 2007, DPH also established the Policies for Livable, Active Communities and Environments (PLACE) Program which works closely with other County departments and with city planners to promote environments conducive to health, including improved nutrition.

To support and expand these efforts, DPH recommends six strategic priorities for local action and three additional strategic priorities for state and federal policy action. All are high priority and their listed order below does not reflect additional prioritization. They were selected based on their potential reach and impact, published guidelines and recommendations reflecting research evidence of effectiveness and expert opinion, input from a small group of local experts and stakeholders, feasibility, and their ability to leverage existing efforts and address important gaps in these efforts.

Strategic Priorities

Local Actions:

Strategy 1. Strengthen nutrition literacy.

Recommendation: Conduct a public education campaign to increase consumer response to calorie information posted on menus and menu boards at large chain restaurants as mandated by SB 1420.

A recent study by DPH found that menu labeling at large chain fast food and sit-down restaurants could have a significant impact in reducing the obesity epidemic. The study also found that by increasing public awareness and consumer response to the posted calorie information, this impact could be greatly increased. In addition, increased consumer response would likely encourage restaurant operators to reduce the calories in their menu offerings. This has already begun to occur in some restaurant chains in response to passage of menu labeling laws in several jurisdictions. Public education on portion size and calories would have the additional benefit of promoting reduced caloric intake at home and in other settings and creating social norm change around portion size.

An effective public education campaign that adequately addresses the size and diversity of the county population will require significant funding (e.g., $500,000 - $1 million for a one-year campaign). The campaign will be most effective if timed to coincide with the full implementation of SB 1420 in January 2011.

Strategy 2. Improve neighborhood food environments.

Recommendation: Create incentives to 1) increase healthy food options, including fresh produce, in supermarkets, grocery stores, convenience stores, and restaurants, 2) attract new retail food establishments that offer healthy food, and 3) reduce the concentration of fast food establishments and convenience stores that do not offer healthy food and beverage options, particularly in communities hardest hit by the obesity epidemic.

There is marked geographic variation in the severity of the obesity epidemic and in chronic disease rates across the county. For example, a study done by DPH in 2005 found that childhood obesity rates in 130 cities and communities in the county varied nearly ten-fold, from a low of 4% in Manhattan Beach to 37% in Maywood. The ten most severely impacted cities and communities had an overall rate of 32% while the 10 least impacted cities and communities had a rate of only 8%. The factor most strongly associated with higher obesity rates was community-level economic hardship. Other local studies have found that many of these low income communities are "food deserts" characterized by few supermarkets or grocery stores offering fresh produce or other healthy options. Recent studies suggest that increasing neighborhood access to supermarkets or other venues with fresh produce is associated with increased fruit and vegetable consumption and less obesity among both adolescents and adults.

Both financial and non-financial incentives can be considered for increasing access to healthy food options in communities. Potential financial incentives include tax benefits, reduced fees, and low interest loans or grants to cover start-up and investment costs for commercial food establishments that meet a defined threshold for offering healthy food items. Potential non-financial incentives could include supportive administrative procedures and zoning as well as technical assistance for retailers on procuring, handling, and promoting sales of fresh produce and other healthier food items. An example of this strategy is the City of Los Angeles' recent adoption of an incentive program to attract new grocers to South Los Angeles. The County could consider implementing a similar program in underserved communities in the unincorporated areas.

Restrictive zoning could also be used to reduce the density of restaurants, conveniences stores, and other retail food establishments that do not offer healthy food and beverage options, and to reduce the density of alcohol outlets given the association between excess alcohol consumption and poor nutrition.

The financial incentives described above would require analysis of the fiscal implications for the County and the provision of technical assistance referenced above would require additional DPH staffing if done on a large scale.

Strategy 3. Prevent early onset childhood obesity.

Recommendation: Lead efforts to promote improved nutrition among preschool-aged children, including efforts to 1) establish and enforce nutrition guidelines in childcare and preschool settings, 2) provide technical assistance to childcare and preschool providers to assist in implementation of these guidelines, and 3) provide parent education to further support improved nutrition.

Data from the Women, Infants, and Children (WIC) program indicate that the obesity epidemic is well-established and worsening among preschool-aged children in Los Angeles County. In 2007, approximately 20% of three and four year-olds served by the WIC programs in the county were obese (an increase of 3% from 2003), and an additional 17% were overweight. In addition, taste preferences and eating patterns are often established early in life, highlighting the critical need to intervene in nutrition promotion efforts prior to when a child enters kindergarten. Nearly one-half of children under the age of five years spend at least part of each day in childcare and preschool settings outside the home.

Unlike the public school environment where basic nutrition standards have been established statewide, no such standards are currently in place in childcare and preschool settings. State legislation has been adopted in a number of states but California has yet to adopt standards for licensed childcare. MCAH is collaborating with external stakeholders to develop nutrition recommendations for childcare and preschool providers. However, once completed, there are few resources to support their implementation and no current requirements that they be implemented.

A first step in promoting these recommendations could be to identify childcare providers and centers that receive funds directly or indirectly through County departments or County-funded programs and educate them about the recommended nutrition practices. In addition to education, childcare and preschool providers will likely require significant technical assistance in implementing the nutrition standards, and may need fiscal assistance in offsetting higher food costs. Such support could be provided through local childcare/preschool funding agencies, such as First 5 LA, and could include a contractual requirement to implement the standards.

Given the recent landmark changes in the WIC program, including expanded benefits to include fresh fruits and vegetables and whole grains and increased promotion of breastfeeding, the Board should encourage parent and other public education that is consistent with the WIC program's messaging efforts. This is particularly important because the WIC program reaches two-thirds of all babies born in the county and currently serves over 600,000 participants in the county each month.

Strategy 4. Promote breastfeeding and Baby-Friendly hospital practices.

Recommendation: Direct County hospitals and encourage other hospitals to adopt the Baby-Friendly designation.

The hospital environment and its perinatal practices are critical determinants for the initiation of exclusive breastfeeding. Medical authorities agree that exclusive breastfeeding should be practiced through the first six months of life to support growth and development and decrease risk of ear infections, respiratory infections, SIDS, asthma, and obesity. Despite these health benefits and the fact that breast milk is less expensive than formula, only 24% of new mothers in Los Angeles County leave the hospital exclusively breastfeeding, far below the state average of 43%. Data indicate that when hospitals implement breastfeeding policies, exclusive breastfeeding rates and duration improve. Breastfeeding rates in Baby-Friendly hospitals exceed state and regional rates across all ethnicities and income levels. One study reported that during the implementation of the Baby-Friendly initiative in the hospitals, breastfeeding rates rose from 58% to 87%. Establishing the Baby-Friendly designation in the County hospitals would highlight the importance of breastfeeding and potentially influence other birthing hospitals to become Baby-Friendly.

Because all three County birthing hospitals have already completed two of the three major steps in the process to become Baby-Friendly, including the most expensive step which is training the appropriate staff, there is minimal additional cost involved. The final step in the process is an on-site assessment by the Baby Friendly survey team and a review by the External Review Board. The fee for the assessment is approximately $6,000 per hospital.

Additionally, First 5 LA's Best Start Baby Friendly Initiative has invested $10.5 million to assist up to 20 hospitals (County hospitals may be eligible) that are below the county average to achieve the Baby-Friendly designation. However, there is a lack of readiness for quality improvement activities in these poor performing hospitals. A show of support from County leadership for this initiative would help identify breastfeeding as a priority.

Strategy 5. Increase the affordability of fruits and vegetables for food stamp recipients.
Recommendation: Support efforts to establish financial incentives for healthy food purchases among food stamp recipients.

As of the end of October, 2008, close to 700,000 qualifying individuals were receiving food stamps in Los Angeles County. This population is severely impacted by the obesity epidemic and at heightened risk for nutrition-related chronic illness. While the Food Stamp Program (now referred to as the Supplemental Nutrition Assistance Program, or SNAP) serves a vital role in reducing food insecurity in the county population, the program does not encourage healthy food purchases, including fresh fruits and vegetables. Given that fat- and sugar-laden and calorie-dense foods are typically the cheapest foods, the default purchase for many food stamp recipients is often these foods rather than more expensive fresh fruits and vegetables and whole grains.

Despite intensive nutrition education targeted to the food stamp eligible population, little progress has been made to reduce the obesity epidemic in this population. The provision of a discount or rebate on healthy food purchases as part of the Food Stamp benefit would provide a powerful economic incentive for improved nutrition. The United States Department of Agriculture (USDA) has encouraged states to test out strategies to increase produce consumption. Economists recently estimated that a 20% reduction in the cost of fruit and vegetables would raise fruit and vegetable consumption by 2.2 cups per day, an important and sizable impact.

In 2006, a law was passed in California (AB 2384, which was supported by the County) establishing a Healthy Food Purchase Pilot Program. The program would provide an incentive to food stamp recipients to purchase fresh fruits and vegetables by providing a credit for every dollar spent on fresh produce. However, the program has not been funded by the State, and USDA funding to support such a pilot is not currently available though limited funding ($18 million) may be forthcoming.

Including the entire food stamps caseload in the county would cost an estimated $32 million annually--likely preventing the County from being considered for participation in a federally-funded demonstration project. The County could consider testing this strategy for increasing produce consumption in a portion of the county. This pilot would provide important information on whether a larger investment would be warranted. However, in the absence of federal funding, the County would need to identify local public or private funds to support the pilot.

Strategy 6. Improve the food environment in County facilities and programs.
Recommendation: Establish nutrition standards for food purchased by the County, and for meals served in County cafeterias and by contracted food vendors. Encourage other public agencies and private organizations in the county to take similar actions.

Given the vast size of the County workforce and the hundreds of thousands of residents served annually by County programs, the establishment of nutrition standards for food purchased by the County and for meals served in County cafeterias and by contracted food vendors holds great potential for improving nutrition in the county population. In addition, given the purchasing power of the County, this measure could help drive product reformulation by local, regional, and even national food manufacturers and food service vendors. A similar policy was recently passed in New York City (Executive Order No. 122 from the Mayor's Office; September 19, 2008) that could be used to inform the effort in Los Angeles County.

The experience in New York City indicates that this policy would require a significant investment of resources, including input and representation from all relevant departments within the County of Los Angeles; the creation of at least two personnel items--a Food Policy Coordinator and a Nutritionist with the expertise to consult on contracts and food policy development and enforcement; and the development and implementation of an educational program for staff training (e.g., for kitchen staff, contract management staff, supervisors involved in food policy development, etc.). Ensuring compliance with these new food standards would also be challenging and likely require additional funding to conduct the needed monitoring.

State and Federal Actions:

Strategy 7. Reduce the salt content of packaged food products and restaurant foods.
Recommendation: Support national efforts to encourage food manufacturers and restaurants to gradually reduce the salt content of their products. In the absence of a response to voluntary measures, advocate for federal regulation to reduce salt content.

Salt intake has increased more than two-fold over the past generation, fueled not by an increased use of the salt shaker but by the substantial increase in the salt content of processed and packaged foods and restaurant offerings during this period. Each year, excess salt intake is a major cause of high blood pressure and accounts for an estimated 102,000 preventable deaths from heart disease and stroke in the U.S. Currently, the average American consumes double the recommended daily amount of salt.

In Great Britain, the government has worked with the food and restaurant industries to voluntarily reduce the salt content of their products over the last several years. Because the reduction was done gradually and was accompanied by a public education campaign, the program has been well accepted by the public and has not adversely affected sales. A similar program has been implemented successfully in Finland over the past 35 years although in this case a regulatory approach was used. In both countries, reduction in salt intake has been documented at the population level. In Finland, there has been an associated significant reduction in heart disease and strokes, although some of this improvement may be due to other components of their national nutrition program.

The Department will keep the Board apprised of opportunities to express support for this national effort. If voluntary salt reduction efforts fail, advocacy for federal regulation should be included in the County's Legislative Agenda.

Strategy 8. Increase the affordability of fresh fruit and vegetables.

Recommendation: Advocate for a shift in federal farm subsidies to more healthful crops.

There is good evidence that federal farm policy contributes to the obesity epidemic and sub-optimal nutrition in the U.S. population. Current farm subsidies favor commodities that contribute to inexpensive unhealthy foods and higher prices for more nutritious fresh fruits and vegetables. For example, after adjusting for inflation, the cost of fresh fruits and vegetables in the U.S. increased nearly 40 percent between 1985 and 2000, while the price of sugar-sweetened soft drinks decreased by almost 25 percent during this period. The subsidization of corn, in particular, has had deleterious effects, resulting in overproduction and cheap by-products such as high fructose corn syrup that have become ubiquitous in our food supply. This in turn has contributed to over-consumption of low-cost sweetened foods and beverages and has been an important factor in fueling the obesity epidemic. Though significant progress was made in the 2008 reauthorization of the federal Farm Bill in shifting subsidies to more healthful crops, continued efforts are needed. The reauthorization of the federal Farm Bill in 2012-2013 will provide an important opportunity for further progress in this area. Although the County's primary interest in the Farm Bill concerns Food Stamps, advocacy for a subsidization policy that supports healthy choices should be included in the County's Legislative Agenda.

Strategy 9. Discourage consumption of sugar-sweetened beverages.

Recommendation: Advocate for an additional tax or fee on sugar-sweetened beverages and for the generated revenue to be used, at least in part, for obesity prevention and nutrition education and promotion activities. Consider a similar tax or a fee at the county level.

Over the past 40 years, caloric intake from sugar-sweetened beverages has doubled among children and tripled among adults in the U.S. There is strong evidence that this increased intake has contributed to the obesity epidemic and has increased risks for diabetes and heart disease. Currently, 33 states, including California, have a sales tax on soft drinks (average tax rate of 5.2%) but the taxes are too small to discourage consumption and revenues are not used for programs to improve health. There is a growing movement of public health and medical authorities advocating for increased taxation of sugar-sweetened beverages to help reduce consumption and create a robust revenue stream that could be used for disease prevention and health promotion efforts.

The Department will keep the Board apprised of discussions in California regarding a sugar-sweetened beverage tax or fee. There are several advantages of a fee over a tax, including that a fee would be easier to pass then a tax (requiring only majority vote for approval) and that the funding would need to be earmarked for obesity-related prevention and treatment programs and services. A fee could also be considered for the unincorporated area of the county. This would require both fiscal and legal analyses, the latter because there would likely be a legal challenge by the beverage industry.

Next Steps

DPH looks forward to working with the Board on future efforts to implement these high priority strategies to improve nutrition in Los Angeles County. As noted, most of the biggest changes will require significant additional resources. DPH is currently pursuing several funding opportunities, including a just released Funding Opportunity Announcement from the American Recovery and Reinvestment Act of 2009, Prevention and Wellness Fund. We will keep you apprised as we pursue this and other funding opportunities.

If you have questions or would like additional information, please let me know.

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c: Chief Executive Officer
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